

**OFFICE OF INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN**  
**OUT OF STATE ADOPTIVE PLACEMENT**  
**ADOPTION ATTORNEY APPLICATION FOR REGISTRATION**

For the purpose of Illinois Interstate Compact requirements, out-of-state attorneys that provide adoption services shall provide all of the following to the Department: 1) A current/valid copy of the attorney's bar card or law license; 2) Verification of the attorney's role in the adoption in the sending state. [225 ILCS 10/2.24 and 750 ILCS 50/4.1]

<p><b>Instructions:</b> The Department will retain this information on file for a two-year period or upon expiration of the attorney's license/or bar card. If there are multiple attorneys in the same law firm that provide adoption services, one form may be utilized. However, each individual's license or bar card must be provided and their signature shall be at the bottom of this form. This information must be updated upon expiration of the license or bar card. DCFS may provide this information to involved parties and prospective adoptive families upon request.</p>	<p><b>Please return this completed form and supporting documentation to:</b> Illinois DCFS Interstate Compact Office 406 E. Monroe St., Station # 50 Springfield, IL 62701</p>
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Attorney Name and Law Firm Name:		Date:	
Address:	City:	State:	Zip Code:
Telephone	Fax:	E-mail Address:	

Please check all adoption services that may be provided by the attorney/attorneys:

- Taking or acknowledging adoption consents or surrenders for termination of parental rights for purposes of adoption.
- Matching adoptive parents with biological parents.
- Arranging or facilitating an adoption or a placement of a child.
- Identifying a child for adoption.
- Conducting background studies on a child or adoptive parent.
- Making determinations of the best interest of a child and the appropriateness of adoptive placement of the child.
- Post placement monitoring of a child prior to adoption.

Other adoption services routinely provided to birth parents or adoptive parents:

If none of the above apply, please provide a short written summary of your involvement:

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**Required Document:**

- 1.) Valid Bar Card/or Law license
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I affirm that the information provided is accurate and complete. This information may be released and shared with persons inquiring about adoption services.

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Signature of Attorney

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Date

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Signature of Attorney

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Date